

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Home Health Agencies
Managed Care Plans
Regional Administrators
CSO Administrators

Memorandum No: 05-48 MAA

Issued: June 29, 2005

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
(800) 562-6188

Supersedes # Memorandum:
04-46

Subject: Home Health Services Program: Fee Schedule Updates

<p>Effective for dates of services on and after July 1, 2005, the Medical Assistance Administration (MAA) will implement a rate change for home health services.</p>

Maximum Allowable Fees

The 2005 Washington State Legislature has appropriated a one (1.0) percent vendor rate increase for Home Health Services Program. The attached fee schedule reflects this increase.

Attached are updated replacement pages G.7-G.8 for MAA's current *Home Health Services Billing Instructions*.

Bill MAA your usual and customary charge.

Diagnosis Reminder

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4th or 5th digits if necessary) or the entire claim will be denied.

Contact Information

Send reimbursement issues, questions, or comments to:	Send authorization issues, questions, or comments to:
Professional Reimbursement Section Specialty Services and Supplies Rates Division of Business and Finance PO Box 45510 Olympia, Washington 98504-5510 (360) 725-1845 Fax # (360) 753-9152	Home Health Services Program Manager Medical Assistance Administration Division of Medical Management PO Box 45506 Olympia Washington 98504-5506 (360) 725-1570 Fax # (360) 586-1471

How can I obtain MAA's Provider Issuances?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Common Explanation of Benefits (EOB) Denial Codes for the Home Health Program

The Remittance and Status Report (RA) you receive back in the mail may list one or more of the following EOB codes.

EOB Code	Explanation of EOB Code
041	Duplicate of claim or service previously paid. Also, used if twice a day visits have been billed and there are no orders to cover the second visit.
043	Sent to MAA's Home Health Program Manager Do not rebill.
061	Bill Medicare A. If not Medicare eligible, submit justification to Home Health Program Manager and rebill.
068	Bill Medicare B. If not Medicare eligible, submit justification to Home Health Program Manager and rebill.
370	Services do not meet the Medicaid Home Health criteria. If you have supporting justification, submit documentation to the Home Health Program Manager and rebill.
373	Medical review by MAA. Call MAA's Home Health Program Manager at (360) 725-1570.
385	Your Plan of Care was received, however updated M.D. orders/clinical notes are needed to justify treatment. Example: One wound assessment needed for each month wound care is billed or documentation of reason home health is needed.
506	Telephone confirmation Claim or line item has been corrected.
591	Visits billed exceed plan of care. Submit physician change orders to cover the visits to the Home Health Program Manager and rebill.
592	No (current) plan of care on file. Please submit a plan of care to the Home Health Program Manager and rebill.

Medical Review Rebilling:

- ◆ Prior to rebilling, please cross off all lines on the claim form that MAA has already paid.
- ◆ During your review period, if you receive a denial for payment and you have the supporting documentation, follow the criteria in Section E, then send the bill and appropriate documentation to:

ATTN: Special Handle
Home Health Services Program Manager
PO Box 45506
Olympia, WA 98504-5506

Fee Schedule

The following rates are established for the two regional classifications of home health agencies: Metropolitan Statistical Area (MSA) and Non-Metropolitan Statistical Area (Non-MSA). The rates are as follows:

July 1, 2005

	Skilled Nursing Intervention/ Skilled, High-Risk Obstetrical Nursing	Brief Nursing Visit	Physical Therapy	Speech Therapy	Occupational Therapy	Home Health Aide
Revenue Code:	0551	0580	0421	0441	0431	0571
METROPOLITAN STATISTICAL AREA – RATES PER VISIT						
Bellingham	\$88.27	\$19.39	\$79.78	\$86.65	\$82.15	\$48.37
Bremerton/ Kitsap	77.91	19.39	70.41	76.47	72.57	42.71
Olympia	83.99	19.39	75.92	82.45	78.19	46.04
Richland/ Kennewick	80.67	19.39	72.93	79.19	75.11	44.26
Seattle/ Everett	88.95	19.39	80.40	87.30	82.78	48.73
Spokane	88.71	19.39	80.28	87.19	82.67	48.68
Tacoma	85.66	19.39	77.42	84.09	79.73	46.95
Vancouver	89.12	19.39	80.84	87.81	83.23	49.03
Yakima	81.51	19.39	73.62	80.02	75.89	44.66
NON-METROPOLITAN STATISTICAL AREA – RATES PER VISIT						
Non-MSA	\$88.61	\$19.39	\$83.18	\$90.00	\$91.06	\$42.64



Note: These rates are the most current rates and are effective for dates of service on and after July 1, 2005.